

## STATEMENT OF QUALIFICATIONS (SoQ) FOR PROVIDERS OF PROFESSIONAL SERVICES

Send completed, signed form to: DOT APPRAISAL SoQ Applications, Contracts Office, 869 Punchbowl Street, Honolulu, HI 96813  
Certification of SOQ Form contents on the second page must be signed.

CHECK THOSE DISCIPLINES FOR WHICH YOUR COMPANY CAN PROVIDE ANY OF THE LISTED SERVICES AND SPECIALTIES:

☐ Real property appraisals (e.g., acquisitions, land valuations; lease rents, terms, and reopenings; remnants and easements; appraisal consulting) List your specialties here:

☐ Real estate (RE) consulting (e.g., RE development, leasing, financing, brokering, plan reviews) List your specialties here:

☐ Land use planning

☐ Environmental consulting and permitting,  
regulatory compliance, EA/EIS preparation

☐ Abstracting services for land title searches

INFORMATION IN THIS  
SoQ FORM IS CURRENT  
AS OF THIS DATE:

COMPANY NAME:

TYPE OF ORGANIZATION (check one):

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Joint Venture

☐ Other (specify type):

TOTAL NUMBER  
OF EMPLOYEES:

YEAR  
ESTABLISHED:

PLACE ESTABLISHED (City, State, Country):

COMPANY AGE  
(Years):

YEARS OF BUSINESS IN  
HAWAII:

FEDERAL ID NUMBER:

MAIN CONTACT PERSON FOR HAWAII BUSINESS:

Name:

Title:

Office phone number:

Mobile phone:

E-mail address:

Other contact information:

PRINCIPALS OF FIRM--NAMES AND TITLES:

ASSOCIATE MEMBERS OF FIRM--NAMES AND TITLES:

MAIN OFFICE--ADDRESS, TELEPHONE & FAX NO. :

BRANCH OFFICE(S) --ADDRESS(ES), TELEPHONE & FAX NUMBER(S):

# PERSONAL HISTORY STATEMENTS OF PRINCIPAL COMPANY PERSONNEL

If more space is needed, attach additional page(s) and include explanation of attachment(s) in cover letter.

NAME:		RESIDENT OF (State):		NAME:		RESIDENT OF (State):	
TITLE:				TITLE:			
SPECIALTY AREA(S):				SPECIALTY AREA(S):			
TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM:	AS PRINCIPAL IN OTHER FIRMS:	OTHER THAN PRINCIPAL:	TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM:	AS PRINCIPAL IN OTHER FIRMS:	OTHER THAN PRINCIPAL:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:			
LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):				LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):			

  

NAME:		RESIDENT OF (State):		NAME:		RESIDENT OF (State):	
TITLE:				TITLE:			
SPECIALTY AREA(S):				SPECIALTY AREA(S):			
TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM:	AS PRINCIPAL IN OTHER FIRMS:	OTHER THAN PRINCIPAL:	TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM:	AS PRINCIPAL IN OTHER FIRMS:	OTHER THAN PRINCIPAL:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:			
LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):				LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):			

## PERSONAL HISTORY STATEMENTS OF PRIMARY TECHNICAL PERSONNEL

If more space is needed, attach additional page(s) and include explanation of attachment(s) in cover letter.

NAME:		EMPLOYMENT STATUS: % FTE*	NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:	TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:	YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):			EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):			RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

  

NAME:		EMPLOYMENT STATUS: % FTE*	NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:	TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:	YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):			EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):			RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

  

NAME:		EMPLOYMENT STATUS: % FTE*	NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:	TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:	YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):			EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):			RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

\* Full-Time Equivalent employment status

## SUMMARY OF SPECIALTY AREAS

**ALL PROFESSIONALS:** In an **attached statement**, briefly summarize past performance on **timely delivery** of services in relevant specialty areas, including notes about **corrective actions** and responses to any notices of deficiencies regarding specific projects or problems.

**APPRAISERS:** Complete items 1-3 below to summarize specialty areas of expertise.

1. Please indicate the number of properties for which your company has provided appraisal and/or consultant services within the last TWO years in the following categories:

Residential       Commercial       Industrial       Resort/Hotel  
 Agriculture/Pasture       Conservation       Submerged lands (piers)       Other

2. Please indicate the number of jobs for which your company has provided appraisal and/or consultant services within the last TWO years in the following categories:

Fee valuations       Leased fee valuations       Leasehold valuations       Ground rent reopenings  
 Easements       Remnants       Arbitration services

3. Do any of your company personnel hold certification for Federal Yellow Book Standards? ☐ Yes If so, how many?  ☐ No

### ENVIRONMENTAL PROFESSIONALS:

1. Do any personnel in your company meet the minimum federal EPA standard (40 CFR Chapter I, Subchapter J, §312.10) defining environmental professionals?  
☐ Yes If so, how many?  ☐ No

2. How many projects of the following types has your company completed in the last FIVE years?

Environmental Site Assessment       EA/EIS       All appropriate inquiries investigation

**REAL ESTATE DEVELOPERS:** Briefly summarize the three largest development projects your company has completed in the last FIVE years.

BRIEF DESCRIPTION	LAND AREA (acres)	APPROX. COST
		\$
		\$
		\$

## ERRORS AND OMISSIONS INSURANCE

DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT OF COVERAGE PER CLAIM	AMOUNT OF DEDUCTIBLE
IF YES, NAME OF INSURANCE COMPANY:	CHECK HERE IF ATTACHED: <input type="checkbox"/> CERTIFICATE OF INSURANCE	\$	\$

## CERTIFICATION OF SOQ FORM CONTENTS

I certify that the foregoing is a true statement of facts, as of the following date: _____		
PRINT NAME OF RESPONSIBLE PERSON:	PRINT TITLE OF RESPONSIBLE PERSON:	SIGNATURE: